SECTION A (All Fields Must Be Completed by the Owner/Owner Representative)

Subject Apartment Address:

19 Rockwell Pl	15E	Brooklyn, NY, 11217
Number/Street	Apt. No	City, State, Zip Code

Lease Offered to Tenant(s): Jordan Grace Kassab and Christopher Grant Mutascio
(print name)

Lease Description: (Please select only one) ☒ Vacancy lease ❑ Renewal lease

Owner/Owner Representative Contact Information: (Please print)

Name(s): 19 Rockwell Place LLC

Email Address:

Mailing Address: 19 ROCKWELL PL, Brooklyn, NY 11217-1113